

Case Number:	CM14-0127702		
Date Assigned:	08/18/2014	Date of Injury:	02/05/1999
Decision Date:	12/12/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old male with a date of injury of 02/05/1999. The listed diagnoses per [REDACTED] are lumbago, thoracic/lumbosacral neuritis and radiculitis post-laminectomy syndrome, lumbar region, intervertebral lumbar disk without myelopathy and degenerative lumbar/lumbosacral intervertebral disk. According to progress report 07/07/2014, the patient presents with chronic severe low back pain and muscle spasms. He is status post pump implantation and returns for pump maintenance and medication management. The patient states without medication his pain is rated as 10/10 and with medication 6/10. The patient's medication regimen includes Exalgo 32 mg, baclofen 20 mg, Norco 10/325 mg, Neurontin 600 mg, Colace 100 mg, MiraLax pack, and Cipro 500 mg. Examination of the lumbar spine revealed tingling, weakness, and numbness of the lower extremities with decreased range of motion. There is positive sitting straight leg raise test on the left. This is a request for baclofen 20 mg. Utilization review denied the request on 08/07/2014. Treatment reports from 01/21/2014 through 07/07/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Baclofen 20mg USP 1 Tab every 6 hours PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: This patient presents with chronic low back pain. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LPB cases, they show no benefit beyond NSAID and pain and overall improvement." In this case, a short course of muscle relaxant for patient's reduction of pain and muscle spasms may be indicated; however, the physician has prescribed this medication since at least 06/19/2014. Baclofen is not recommended for long-term use. Recommendation is for denial.